

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000017188

1. Entity Name
HORIZONS LAND HOLDING, INC.

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90049 041 ***150.00

Principal Place of Business

Mailing Address

~~204 SPINNAKER DRIVE~~
VERO BEACH FL 32963

~~204 SPINNAKER DRIVE~~
VERO BEACH FL 32963

2. Principal Place of Business

3. Mailing Address

649 8th COURT

649 8th COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL.

City & State
VERO BEACH, FL.

Zip

Country

Zip

Country

32962

USA

32962

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0915280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASALINO, CHARLENE
~~204 SPINNAKER DR~~
VERO BEACH FL 32963

Name
CHARLENE CASALINO

Street Address (P.O. Box Number is Not Acceptable)

649 8th COURT

City VERO BEACH

FL

Zip Code 32962

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Charlene M. Casalino
Signature, typed or printed name of registered agent and title if applicable.

CHARLENE M. CASALINO
(NOTE: Registered Agent signature required when reinstating)

4-5-01
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CASALINO, LOUIS
STREET ADDRESS ~~204 SPINNAKER DRIVE~~ 649 8th Ct.
CITY-ST-ZIP VERO BEACH FL 32963 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CASALINO, CHARLENE
STREET ADDRESS ~~204 SPINNAKER DRIVE~~ 649 8th Ct.
CITY-ST-ZIP VERO BEACH FL 32963 32962

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charlene M. Casalino CHARLENE M. CASALINO 4/5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
562-8444

CR2E034 (10/00)